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The use of external sources of health and safety information and advice: the case of small firms

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Abstract

This paper draws on British survey and interview data concerning the use made by small firms of external health and safety information and advice, the sources of such information and advice that they utilise, or would consider using, and the difficulties they experience in accessing information and advice of this type. These data are then used by the authors to shed light on the channels of such information and advice that are most likely to support improvements in how health and safety is managed in small enterprises. The authors' analysis leads them to caution against adopting an overly optimistic view of the part that can be played in this respect by intermediary organisations and the publication of more and better advisory material, and to stress the importance of not understating the advisory and information-providing role of health and safety inspectors.

Key words

Britain, inspectors, intermediaries, provision of information and advice, small firms

Introduction

The importance of small firms has been growing over the past two decades, both numerically and in terms of their role as a source of employment. In Britain, for example, the period 1990–97 saw a 26 per cent rise in the number of enterprises employing fewer than 50 people.¹ As a result, excluding agriculture, the majority of private sector employees in the country now work in such enterprises.²

This expansion of small firms has coincided with the development of a growing body of evidence which indicates that their safety performance is relatively poor.* Eurostat data for 1996, for example, show that the fatal injury rate per 100,000 workers in European Union businesses was 6.8 in enterprises with fewer than 10 employees; 6.3 in firms with between 10 and 49 employees; and 2.7 in organisations with more than 250 employees.³ Similarly, a number of British studies have found fatalities and major injuries – but not those causing over-three-day absences – to be more common in small workplaces.⁴

These twin developments have led to increasing attention being paid in Britain, as well as

*There is little evidence available on how work-related ill health varies according to firm or workplace size. However, a study by the Health and Safety Executive (HSE) found that individuals in enterprises with two to 24 employees had a lower estimated rate of illness caused by work than those in enterprises with 25 or more employees, and that self-employed workers were more likely to suffer from work-related musculoskeletal disorders. See HSE. *Secondary analysis of the 1995 self-reported work-related illness survey*. HSE Information Sheet 4/00/EMSU. Bootle: HSE, 2000.

internationally, to the identification of strategies that can be used to improve the way in which health and safety is managed in small firms. An important focus of attention in this respect has been a search for methods that can be used to improve their health and safety knowledge and expertise.

In the 1997/8 annual report of the Health and Safety Commission/Health and Safety Executive (HSC/HSE), for example, it was argued that the key to its small firm strategy was better communication. More specifically, a variety of measures have been taken by the HSE to improve communications with small firms. These include the expansion in the late 1990s of its 'Infoline', the launch of the Good Neighbour Scheme to encourage large organisations to assist the health and safety activities of small firms, and the commissioning of a number of studies to investigate means of reaching such firms through, for example, intermediaries.⁵ Other measures include the piloting of a grant scheme to encourage investment in health and safety by small businesses, supporting and encouraging better access to occupational health services, and the carrying out of campaigns and the production of a range of publications targeted at small firms.

Against the above background, in this paper the authors utilise new research data that shed light on three related issues. First, the use made by small firms of external health and safety information and advice. Second, the sources of such information and advice they utilise, or would consider using. Third, the difficulties they experience in accessing information and advice of this type.

The paper proceeds as follows. Initially, the potential importance of improving the flow of information and advice to small employers is highlighted. This is done by exploring the contribution that it could make, at least in theory, to improving the relatively poor safety performance of such organisations. Subsequently, details of the authors' study are provided and its key findings in respect of the above three issues detailed. The implications of these findings for future policy are then explored.

Importance of external information and advice

A wide range of factors has been identified in the relevant literature as contributing to the poorer safety performance of small firms. Nichols, for example, in an empirical study that revealed injury rates in small British manufacturing firms to be significantly higher than in larger ones, went on to speculate that this poorer performance was attributable to a combination of factors. One of the identified factors was the 'economically induced tendency to cut corners'.⁶ Others related to:

- less developed management safety resources, such as specialist information and training, and the purchase of appropriate equipment
- the young age and therefore limited experience of many small businesses
- the lower safety resources of workers, in terms of the possession of specialist knowledge and a lesser ability to defend themselves.

A number of studies conducted in a range of countries have identified a similar range of factors as helping to explain the limited attention that the owners of small enterprises often pay to health and safety management.⁷ The more important of those highlighted, in addition to the low levels of inspection and control provided by enforcement agencies, have usefully been summarised by Walters⁸ in the following passage:

They [small firms] cannot respond effectively to the management systems approach to the

regulation of health and safety; with its emphasis on employer responsibility, risk assessment, competent health and OHS services and worker representation; because they lack their own systems for management, for employee representation, and for promoting health and safety awareness/expertise. As well, they have poor access to help and advice through prevention services. Owner managers of such enterprises do not prioritise health and safety, and they are anyway wary of externally imposed requirements. They have difficulty keeping abreast of regulatory obligations, in knowing which regulatory requirements apply, identifying their relevance and what action is needed to achieve compliance.

The dynamics that contribute to the tendency for injury rates to be higher in small organisations are therefore the product of a variety of influences. These influences are clearly interrelated. They can also be seen to operate at different levels of causal explanation. In particular, it needs to be recognised that attitudinal, behavioural and resource-based explanations at the level of the firm cannot be divorced from the wider market environments within which firms operate.

This last point can usefully be illustrated by a recent study of small firm responses to another form of labour market regulation, the National Minimum Wage, an important lesson of which was noted to be that:⁹

... employment regulations do not have impacts on small firms that are easily predictable in advance; they are mediated not just by the different external environments in which the firms operate, but by the often opaque and complex internal dynamics within the 'black box'.

More generally, the same point has been highlighted in a recent analysis where it was argued that in order to understand industrial relations in small firms an approach is required which 'goes beyond simply looking inside the small firm' and encompasses the paying of attention to 'the environment within which small firms operate as well as the impact of this on, and the effect of, managerial choice'.¹⁰ In particular, these same authors went on to argue that a crucial aspect of this wider environment is the nature of the relationships that exist between small and large firms and to distinguish between three different types of such relationships that can act to shape industrial relations within small firms:

- a dependency relationship that encompasses situations where small firms complement and service the interests of large ones through, for example, subcontracting
- a dominated one in which small firms compete with large firms, often through intense exploitation of machinery and labour
- an isolated one whereby small firms operate in specialised niches of demand or geographically discrete markets which are unattractive to larger businesses because of the insufficient return they offer.

These general observations about the way in which small firm behaviour is the outcome of a combination of internal characteristics (such as scarce management time and a preference for informal management methods) and the nature of the pressures stemming from the external market environment suggest therefore that it is not just a lack of resources, both material and intellectual, that potentially explains the poorer safety performance of small firms. Rather, account also needs to be taken of the vulnerable market position of many of them and the consequent way in which this not only acts to limit the resources that they have available, but also serves to lower the priority accorded to health and safety, and encourage, to paraphrase Nichols, an economic inducement to cut corners.

Some support for this view is, in turn, provided by existing analyses of the factors that explain variations in aggregate injury rates, both over time and between industries. For example, a study by Nichols found a clear relationship between movements in fatal and major injury rates in British manufacturing, and variations in work intensity that were linked to movements in the wider business cycle.¹¹ In a similar vein, the relatively high injury rates in the British construction industry have been attributed, in part, to the complex systems of subcontracting that are utilised and the cost pressures and poor co-ordination which stem from them.¹²

On the basis of the foregoing analysis, the way in which health and safety is managed in small firms can therefore be viewed as a product of a range of, often interrelated, influences. In the light of this, it cannot be stated with any confidence how far the poorer safety performance of small firms stems from their relative lack of health and safety knowledge and expertise. It can, however, be confidently stated that it is only one of a number of factors that contribute to the more frequent occurrence of fatal and serious injuries in such firms.

To complicate the matter further, small firms' health and safety knowledge and expertise are in themselves likely to be the product of a number of internal and external features of their business environments. For example, British evidence indicates that external pressures from customers and regulators can act to influence small firms' levels of knowledge and willingness to take action to comply with legislative requirements.¹³ In a similar vein, it has also been found that small businesses are more likely to seek advice on the requirements of employment laws when faced with the threat of legal action.

Nevertheless, the lack of health and safety knowledge and competence among small employers is striking. A host of studies undertaken on behalf of the HSE have, for example, found knowledge of legislative requirements to fall considerably with both employer and workplace size. A case in point is a survey conducted to investigate employers' awareness of, and responses to, six sets of regulations, which found that knowledge of them varied considerably between small (fewer than 50 employees) and medium and large employers (more than 50 employees).¹⁴ For example, in respect of the Management of Health and Safety at Work Regulations 1992,* one of the most generally applicable and important sets of British regulatory requirements, it was found that while 80 per cent of large organisations had heard of them, the corresponding figure for small ones was just 41 per cent.

Logically, this picture of poor knowledge of legal requirements can be linked to another aspect of health and safety arrangements in small firms, namely a much lower presence of specialist health and safety staff, which can, in turn, be seen to be a more general reflection of the lower scope for managerial specialisation that exists in such enterprises. In a recent study on employer use of occupational health support conducted on behalf of the HSE, it was found, for example, that whereas 59 per cent of organisations employing more than 250 people had a health and safety practitioner, this was the case for 43 per cent of small firms (11–49 employees) and 37 per cent of micro-enterprises (10 or fewer employees).¹⁵ Similarly, while 60 per cent of large firms reported the presence of an occupational health nurse, the corresponding figures for small and micro-enterprises were 16 per cent and 13 per cent respectively.

Indeed, this same survey's findings also add weight to the arguments advanced earlier about the

*These Regulations have subsequently been replaced by the Management of Health and Safety at Work Regulations 1999.

more informal and less well-resourced nature of health and safety management within smaller organisations. Thus, these revealed that there was a marked difference in the proportions of enterprises of different sizes which engaged in the three activities of hazard identification, risk management and the provision of information to employees in relation to health issues – the relevant proportions for large, small and micro-firms being found to range from 74 per cent, to 34 per cent, to 13 per cent.*

Such findings consequently suggest that the HSC is right to pay attention to the issue of improving small firms' access to health and safety information and advice. In addition, international research evidence suggests that the HSE may well be correct in seeing non-regulatory bodies, such as neighbouring large firms, larger customers and business intermediaries, as having a potentially important role to play in this respect.¹⁶

At the same time, while there is some research evidence which indicates that 'face-to-face' contacts provide the most effective means of improving the health and safety knowledge and expertise of small firms,¹⁷ it remains the case that, in general, the relative effectiveness of the different sources of information and advice that can be used to secure such improvements remains little explored. It is this *lacuna* in the existing evidence that the present paper is centrally concerned with addressing.

Research methodology

The findings reported below are drawn from a wider, HSE-funded study concerned with exploring the role of 'cultural influences' on the health and safety attitudes and behaviour in small and micro-enterprises.¹⁸ The main cultural influences of concern for this purpose were ethnicity, socioeconomic group, professional and education background, religion, family/community and sector.

The data for the study were drawn from a number of sources: a telephone survey of over 1,000 small businesses; a series of face-to-face interviews with owner/managers who participated in the survey; and further interviews with small firm employees, intermediaries, trade union officials, and health and safety inspectors.

The telephone survey of the small businesses, defined as enterprises consisting of fewer than 50 employees, was conducted during the period November–February 2001/02. The sampling strategy for the survey was designed to represent seven minority ethnic groups and a white 'control' group, broadly matched by size and sector, and located in two regions – London and the Midlands (including Birmingham). The sectors concerned, which were selected in order to enable the role of cultural influences to be explored in a range of diverse 'industrial settings', were:

- manufacturing (food processing and clothing)
- construction

*Findings such as these therefore suggest that occupational health issues are less well managed in small firms, notwithstanding the observation made earlier about the lower level of self-reported ill health found among workers employed in such enterprises. An explanation for this apparent disjunction could be that the self-reported data concerned are dominated by two types of condition: musculoskeletal disorders, and stress depression and anxiety. It may be, therefore, that a rather different picture might exist with regard to more 'traditional' conditions such as occupational deafness and respiratory problems.

- health and personal services
- retail
- hospitality.

The telephone survey interviews were conducted with owner/managers or, in a few cases, with a manager to whom responsibility for health and safety had been delegated. The questionnaire utilised was designed to gather data under the following main categories:

- profile data on the business and the main owner/manager
- attitudes to, and awareness of, regulations
- sources of information and/or advice on health and safety utilised and experiences in this respect
- who was responsible for health and safety within the business, including any workforce representation
- policy, training and other health and safety actions
- whether the business had been visited by a health and safety inspector, and any experiences in this respect.

The face-to-face interviews with owner/managers were conducted in order to follow up in greater depth on the main issues covered by the survey and, in doing so, to gain more understanding of the dynamics underlying any apparent 'cultural influences' suggested by the survey's findings. In all, 73 such interviews were conducted via the use of a semi-structured interview schedule. Those interviewed were drawn from the construction, manufacturing and service sectors, and included representation from all the seven ethnic groups included in the telephone survey.

Study findings

In this section, the findings obtained from the study on the three issues of central interest – the use made by small firms of external health and safety information and advice; the sources of such information and advice that they draw on, or consider using; and the difficulties they experience in accessing information and advice of this type – are considered. In each case, in order to shed light on their generalisability to small firms as a whole, attention is drawn to any significant variations in them associated with ethnicity, industry sector and firm size.

Use of external information and advice

The survey results showed that one in three of the surveyed businesses had made some use of external sources of information and/or advice about health and safety during the past five years. They also revealed some variations in the propensity to use information and advice of this type that were associated with ethnic grouping, industry sector and organisation size.

With regard to size, as Table 1 shows, propensity to use external information and/or advice tended to increase with business size; there being a significant difference between the 1–9, 10–19, and 20 or more employee size groups (0.001 level). However, this variation by size was only apparent in the case of ethnic minority businesses (EMBs).

As can also be seen from Table 1, firms in the construction and hospitality sectors were found to be above average in their use of external information and advice. In contrast, EMBs appeared less likely to seek information and advice in all sectors, except for health

and personal services. There was also some variation between EMB groups, with Chinese (42 per cent) and African–Caribbean businesses (39 per cent) exhibiting the highest propensity to report using external sources, and South Asian groups the least (Bangladeshi 24 per cent and Indian and Pakistani both 22 per cent).

Sources of information and advice utilised

The survey revealed, as shown in Table 2, that the HSE and local authorities were by far the most common sources of information and advice utilised. Hence, the main reported sources of health and safety information received during the past five years were local health and safety inspectors (15 per cent), and local authority and HSE publications (both 4 per cent). In contrast, only a handful of businesses reported using the HSE website (two businesses) or the HSE's telephone 'Infoline' (five businesses).

While a wide range of other sources of information and advice were identified, each of them, as Table 2 also shows, received very few mentions. Thus, two businesses had made use of EMB associations, two manufacturers had made use of Business Link,* and four businesses had made use of consultants: the two largest manufacturing businesses, one smaller manufacturer (which had been subject to enforcement action on the part of the HSE), and a builders' merchant with 28 employees. Other sources mentioned even less frequently were private sector business services (eg insurance companies, financial services and consultants), other businesses (eg buyers and suppliers), trade/business associations, and other media sources/publications.

The dominant role of the HSE and local authorities as sources of information was confirmed by the fact that two-thirds of respondents who had not sought external health and safety

Sector	EMBs	White control	Total				
	Count	%	Count	%	Count	%	Base
Manufacturing	32	22	11	31	43	24	179
Construction	31	34	10	42	41	36	114
Health	48	32	8	19	56	29	192
Retail	45	23	16	31	61	24	250
Hospitality	93	34	20	27	113	32	352
Total	249	29	65	29	314	29	1,087
1–9 employees	169	26	50	29	219	26	833
10–19 employees	51	42	8	26	59	39	152
20+ employees	26	42	6	26	32	38	85

Note: 17 cases missing by employment size

Table 1
Use of external sources of information and advice on health and safety issues 1997–2002 (by ethnicity, sector and employment size)

*Business Link is a network of companies established by the Department of Trade and Industry to act as a 'one-stop-shop' source of access to a wide range of business support, advice and information.

information (n=773) indicated that they would probably contact a health and safety inspector or their local authority if they needed such information. It was also further confirmed by the interviews conducted with 73 owner/managers. Thus, seven manufacturing businesses indicated that they would contact their local HSE inspector if they needed information and advice, and 30 out of the 49 service sector businesses indicated that they would make use of the local authority.

At the same time, some interviewees expressed reservations about using inspectors/local authorities as information sources, as the following quotes illustrate:

On the other hand you are scared to get people down here because things you are adhering to ... you are not sure – it is like opening a can of worms: they start with one thing and before you know it they have closed you down. You are scared to get them in because I could think that everything I am doing is right but they could come in straight away, and say, even here, find 10 things that are not right. And I think that some of them could be unreasonable. [...] in general I think everyone who has got a business does not want to bring anybody in. As much as you want their advice you are wary of it. (Manufacturing [clothing] manager)

Table 2
External sources
of information
and advice on
health and safety
used

Source	Count	%
Local health and safety inspector	164	15.1
Local authority-supplied information	48	4.4
HSE publications	45	4.1
Consultant	27	2.5
HSE workplace contact officer	22	2
Accountant	17	1.6
Supplier	14	1.3
Health and safety/business training	13	1.2
Trade association	10	0.9
Other business	9	0.8
Customer	8	0.7
Bank	7	0.6
Local health authority	6	0.6
HSE website	5	0.5
Fire service	5	0.5
HSE Infoline	2	0.2
Ethnic minority community association	1	0.1
Department of Trade and Industry	1	0.1
Chamber of Commerce	1	0.1

No, because, to be frank, most businesses view them as a kind of – they say ‘look, do you want them to come nosing around you?’. There is this almost – ‘oh no, I don’t want to get involved’. We do the best we can, and we’ve taken preventative measures, but I think I would be being honest in saying that everybody feels a little bit like that. (Construction manager)

Twelve business owners indicated that they would approach their trade associations for information and advice rather than the local authority or the HSE. Meanwhile, five mentioned that they would use local authority or other large clients, the Advisory, Conciliation and Arbitration Service (ACAS), and the British Safety Council website service and phone line; contractors and suppliers were each mentioned by single respondents.

Difficulties in accessing health and safety information and advice

Very few of the survey respondents (5 per cent) reported that they had experienced difficulties in accessing health and safety information. However, this finding needs to be set in the context of two other findings which, in combination, suggest that it primarily reflected a low perceived need for such information. The first of these is that only 37 per cent of respondents were able to identify statutory health and safety requirements applicable to their businesses. The second is that almost one in 10 respondents indicated that they did not know where to find health and safety information.

With regard to sectors, construction and health and personal services were those in which difficulties were more frequently reported, although in all cases by less than one in 10 businesses. Where difficulties were experienced, the main reasons given were:

- ‘don’t know where to find advice/information’
- ‘language barrier difficulties’
- ‘lack of management time’.

The first two reasons were more frequently given by EMBs.

The experiences of four businesses that had used consultants served to highlight further the difficulties that some businesses experienced in obtaining reliable information and advice from a ‘trusted source’. Thus, while the larger manufacturers recounted positive experiences, one of the smaller manufacturing businesses and the builders’ merchant related more negative ones. In these latter cases, the consultant (also the insurer) had conducted an audit/review and paper trail, and produced a written health and safety policy for the business. Both interviewees, however, indicated that any actual inspection/check of the premises had been very cursory and thus of limited practical benefit. In addition, in both cases the interviewees expressed considerable dissatisfaction with the service provided. On the basis of their experiences, they had developed the view that such service providers prey on the poor awareness and associated insecurities of small businesses to supply services that are of limited benefit and result in a volume of paperwork that is ultimately counter-productive. The following quotation illustrates how the builders’ merchant had experienced the service provided by a consultant over three years:

[The consultant has created] a paperwork structure which in actual fact makes it a lot more difficult for me. So in a way they are diffusing responsibility rather than helping us. [...] it’s just an endless list of papers going down to – kettle checked. So you know – the thing is that we have insurance from these people as well, so in a way it’s ... my view is that it will be in their interest to give us this bags and bags of stuff, and we don’t have

the time to go through each bit of the paper structure – they could come and say ‘Yes, we told you that this is what you have to do’. [...] It’s become an industry which encourages a climate of fear on the part of the employer. [...] Because if you look at it from a kind of common sense view – they are not providing us with anything that actually prevents accidents. [...] And it gives the H&S industry a bad name; it becomes an impediment to business. When we don’t think it should be – a sensibly run business should try and be safe, isn’t it? It’s not an onerous thing ...

This same business had also invited its sector association to inspect its premises, and was much more positive about this experience:

... and they’ve given us very common-sense advice because they are like from ‘our side’ as it were. [...] because they took a similar view to us in terms of hazard – they are not going to try and ... [they gave] more practical advice, such as to keep aisles clear and don’t try and stack things too high ... you know like common sense things.

The experiences of two further businesses (both manufacturing) that had been contacted by consultants offering their services also point to the difficulties that small businesses can face in this area. In one case, the offer was not considered due to the expense involved (£3,000 per annum to advise on health and safety). In the other case, the consultant drew attention to a possible infringement of the Control of Major Accident Hazards Regulations 1999 (COMAH) and offered his services to help the business comply. The manager who dealt with this issue was a highly qualified and experienced specialist in environmental and health and safety matters, and felt compelled to devote considerable time and effort in his attempts to clarify the issue, contacting a number of sources of specialist knowledge in the process, including suppliers. Eventually he contacted the HSE regional office and submitted a report. The outcome of this was that he was advised by the HSE that, in fact, there was no cause for concern since the Regulations did not apply to his firm’s activities.

Discussion

In recent years, the HSE, as noted earlier, has been actively exploring how the dissemination of health and safety information and advice to small firms in Britain can be improved. It has also taken a number of actions to this end. These actions have included the launch of the Good Neighbour Scheme, the expansion of the ‘Infoline’, the carrying out of campaigns and the production of publications targeted at small firms, and the paying of attention to how intermediaries, such as trade associations, can be used.

The findings reported in this paper do not directly undermine the view that these types of activity can be potentially beneficial. They do, however, suggest that at present such activities are having only a limited impact. Thus, use of the ‘Infoline’ was found to be very low and few respondents had apparently obtained information recently from suppliers and customers, trade bodies, Business Link, or ethnic business associations.

Furthermore, in the case of intermediaries, two other findings obtained from the study reported here can be seen to highlight the challenges that exist with regard to enhancing the role they play as sources of health and safety information and advice. The first is that only just over a quarter (28 per cent) of surveyed firms reported that they were members of trade or other types of business organisation. Among these, membership of trade/sector organisations was more common (60 per cent) than was the case with Chambers of Commerce (21 per cent), the Federation of Small Businesses (4 per cent) and ethnic business associations (6 per cent). The

second is that the distribution of such membership varied considerably between sectors and firms of different sizes. For example, while 50 per cent of construction firms were members of a trade or other type of business organisation, the corresponding proportion for the hospitality sector was just 16 per cent. Similarly, while 41 per cent of firms employing 20 or more staff were in membership, the corresponding figures for firms employing 10–19 people and micro-enterprises were 37 per cent and 25 per cent respectively.

While these relatively low levels of membership of intermediary organisations – which are echoed in the findings of other British studies¹⁹ – do not in themselves mean that such bodies cannot be used to make a more useful and active contribution to the dissemination of health and safety information and advice, they do suggest caution against adopting an overly optimistic interpretation of their potential role. This is particularly so when account is taken of the fact that, in the wider small business population, a number of factors have been identified which not only serve to limit their membership, but also restrict the role that they can potentially play as sources of information and advice.²⁰ These include a distrust of external advice on the part of small business owners, a lack of resources and expertise among existing intermediary organisations, and the tensions that exist between the attractions of such bodies as a source of neutral and independent advice and their utilisation as a mechanism of ‘regulatory control’.

Consequently, against the background of such findings, it would seem that neither the use of intermediary bodies nor the mere publication of information and advice, whether in paper form or via the Internet, provide panaceas with regard to the enhancement of small firm health and safety knowledge and expertise. Indeed, the findings reported here suggest that care needs to be taken not to understate the contribution that is, and can be, made in this context by health and safety inspectors.

In fact, the present study’s findings suggest that it is HSE and local authority inspectors who are best placed to improve such knowledge and expertise. Thus, not only do the findings indicate that such inspectors are by far the most common sources of external information and advice used, but that they are far more frequently recognised as potential sources of it.*

The advocacy of a much greater role for inspectors in improving the health and safety knowledge and expertise of small firms, it is recognised, fits uneasily with the decline that has occurred in recent years in local authority inspection resources and the real-term cuts in spending that the HSE is currently facing over the period to 2006.^{21†} Nevertheless, it does accord with the previously reported evidence that small business owners tend to prefer – and react better to – face-to-face contacts.

The same is true of the analysis provided earlier of the factors that would seem to contribute to the poorer safety performance of small firms. As was noted, these factors include not only a

*Interestingly, these findings accord with those obtained from the previously mentioned HSE-funded study of occupational health support. This found that when small and micro-enterprises were asked which resources they would use to obtain advice on the health and wellbeing of employees, by far the most frequent sources mentioned were the HSE, the suppliers of products and local authorities.

† In this context, it should be noted that the option of according a greater role in the provision of health and safety information and advice to intermediary bodies cannot be divorced from funding issues. Thus, while several of the EMB organisations contacted during the authors’ study did indicate a willingness to take on such a role, they also pointed out that they could not do so without the provision of additional resources.

lack of knowledge and expertise, but also a marked tendency to use informal systems of management and to cut corners in the face of competitive and related cost pressures. Such factors suggest that the mere provision of information and advice would in many cases be insufficient in itself to stimulate a significant change in either the priority accorded to health and safety management or the resources devoted to it. Moreover, this last point is given added weight by some of the other findings from the present study. For example, it was found that 39 per cent of the surveyed enterprises did not agree with the statement that 'investment in health and safety improvements will have financial benefits for my company'. Furthermore, a number of the 12 inspectors interviewed felt that many small business owners/managers do not see health and safety-related investment as 'value for money'.

Consequently, there would seem to be good grounds for arguing that more frequent visits by inspectors armed with enforcement powers could help overcome these problems, as well as providing an effective means of both encouraging more small firms to seek information and advice, and improving the supply of it to them. In this regard, the contents of the HSC's current strategy for workplace health and safety for the period to 2010 and beyond can be seen to be somewhat problematic since, rather than drawing attention to the potentially beneficial effects of more inspections (and inspectors), it instead observes that 'some businesses, particularly small businesses, say they want to comply with health and safety standards but are fearful of approaching HSE or LAs [local authorities] for advice' and goes on to refer to the development of 'channels of support and advice that can be accessed without fear of enforcement'.²²

Admittedly, some of the findings of the study reported here, as well as those obtained from other studies, do indicate, as the HSC suggests, that some firms have major reservations about approaching regulatory bodies possessing enforcement powers to obtain information and advice.* These reservations, however, need to be set alongside the findings reported above concerning current practices and perceptions *vis-à-vis* the use of inspectors as a source of information and advice. They also need to be considered in the light of the point made earlier, namely, that the extent to which small firms both seek health and safety information and advice, and make use of it, cannot be divorced easily from the more general issue of the importance they attach to the issue of workplace health and safety and hence from the motivation role that can be played in this regard by the threat of legal action.

Conclusions

The recent growth in the numbers of small firms, along with the growing evidence that safety standards in such organisations are lower when compared with larger organisations, has prompted considerable attention to be paid to how small firms' health and safety knowledge and expertise can be improved. Against this background, the present paper has drawn on a recent empirical study of influences on health and safety in small firms to explore the:

- use made by small firms of external health and safety information and advice
- sources of such information and advice that they draw on, or consider using
- difficulties they experience in accessing information and advice of this type.

*See, for example, Walters D. *Health and safety in small enterprises: European strategies for managing improvement*. Brussels: PIE-Peter Lang, 2001.

The findings reported indicate that around a third of the surveyed enterprises have made use of external sources of information and advice, with this use varying to some extent between ethnic groups and sectors and by firm size, in the case of EMBs. The findings also reveal that local health and safety inspectors are, by far, the most commonly used sources of such information and advice. In contrast, little use was found to be made of other potential sources, such as Business Link, trade bodies, other businesses and EMB associations. This pattern of responses was, in turn, repeated when respondents were asked where they would go should they need to obtain information and advice.

The above findings, however, need to be considered alongside the fact that around one in 10 of the survey respondents reported that they do not know where to go if health and safety information and advice is required. It also appears that while very few respondents state that they had experienced difficulties in accessing information, this largely seemed to reflect a low perceived need for it.

At one level, these findings are seen to add weight to the view that action is needed to improve both the use made of outside health and safety information and advice by small firms and their awareness of how it can be obtained, particularly given that they do not, for the most part, differ greatly when broken down in terms of industrial sector, ethnicity and size. At another, however, they are seen to raise doubts concerning the current policy emphasis of seeking to secure these improvements primarily through the work of intermediary organisations and the publication of more information and advice, rather than via the according of a greater role in this respect to HSE and local authority inspectors.

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